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1/18/2013

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THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT**RECEIVED**

Jan 4, 2013

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONTHOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTMr. Keycie Street(Enter above the full name
of the plaintiff or plaintiffs in
this action)

13CV0091

JUDGE GOTTSCHALL
MAGISTRATE ROWLAND

vs.

Case No:

(To be supplied by the Clerk of this Court)

Mr. Tom Dart, (Head of Cook County Sheriff's)Ms. Manilla, (Director of Cermaic Health)Mr. Martinez (Superintendent)John Doe, (Superintendent
of Division 8 Cermaic)John Doe (Director of Risk
Management)Dr. Ms. Bonaparte (Doctor Cermaic)(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:****AMENDED COMPLAINT**

(ADA, AND Rehabilitation Act, 12101 et seq.)
COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
 U.S. Code (state, county, or municipal defendants)

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)**

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Mr. Keycie Street
- B. List all aliases: _____
- C. Prisoner identification number: 2012-0423098
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 South California ave Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Mr. Tom Kart
Title: The Head of The Cook County Sheriff's
Place of Employment: County Jail
- B. Defendant: Doctor, Marilla
Title: Director of Cermak Health Care
Place of Employment: Cook County Jail Cermak Health Care
- C. Defendant: Mr. Martinez
Title: Superintendent of Division Two Down Two M-house
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: John Doe

Title: Superintendent of Division 8 Cermak Hospital

Place of Employment: Cook County Jail

E. Defendant: Dr. John Doe

Title: Director of Risk Management

Place of Employment: Cook County Jail

F. Defendant: Dr. Katina Bonaparte

Title: Doctor at Cermak Hospital

Place of Employment: Cook County Jail

G. Defendant:

Title: _____

Place of Employment: _____

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- (1) On 04/24/12 Plaintiff was brought to the Cook County Jail Hospital Cermak Health care. (2) The Plaintiff was seen by Defendant Dr. Ponapark. (3) The Plaintiff was assign to Division 8-Cermak health care unit 3 North. (4) Said unit, 3 North is not a WheelChair accessible Unit. (5) The Showers were not handicap accessible to my disabilities, on 3 North Cermak health care unit. (6) All said Defendant's knew that Cermak hospital was WheelChair un-accessible to me. (7) Said unit, 3 North was often over crowded and the Plaintiff was unable to move around the room he was assign to do to the room being over crowded. (8) The rooms Being overcrowded and up to 4 wheelchairs and 6 beds, with 7 to 8 people inside the rooms made it almost impossible to move around in the rooms. (9) The Plaintiff was then move to Division Two Dorm 2 N-house. (10) The said

Unit over at Div 2-Dorm 2 N-holes was also not accessible for the Ten (10) or more wheelchairs that was on that unit with only one accessible toilet for 20 Wheelchair Bound Detainees. (11) Plaintiff wheelchair can not fit between the beds thus leaving those with mobility problems at the mercy of getting in and out of the bed of the detainees who are able bodied. (12) Plaintiff could not eat at the tables because they were unaccessible for the amount of wheelchair that were on that unit at the time, which was around 10 to 20 at a time. The Plaintiff was forced to eat hunched over in his lap or eat in his bed thus creating digestion problems. (13) Plaintiff is denied employment in the kitchen, housing units, jobs that he can do. (14) Plaintiff has problems with the barrier leading to the visiting room in Div 2. (15) The visiting room is not wheelchair accessible, and leading to the visiting room there are cracks in the ground with bumps which creates pain and danger of being thrown from your wheelchair. (16) the Plaintiff was then transferred back to

Cermak hospital from Div 2 Dorm N, house
and The Visiting room in Cermak was also
unaccessible for my wheelchair and that
made it very hard and painful to
communicate with my family. (17) When
Plaintiff was on 3 North Cermak hospital
on Oct 19, 2012 Plaintiff fell in the shower
due to it not having any hand rail for
the handicapped and wheelchair bound
detainees. And I was unable to call
for the ~~nursing~~ Due to it not having
a call light. (18) The Plaintiff inform the
nursing staff of his fall and was put on
the Doctor's List. (18) The Plaintiff
ask Dr. Bonaparte for Rehabilitation
and Therapy. but nothing was done
about it. (19) all Defendants has knowledge
of the grievances written by the Plaintiff.
(20) all Defendants has personal knowledge
that wheelchair bound detainees like myself
are denied work assignments they can do in
the kitchen, housing units, and any and all
"programs or activities" as defined by the rehab-
ilitation act and the Title II of the disability
act. (21) Defendant Supt. Mr. Martinez is
Overseer of Div 2 Dorm N-house were the
Plaintiff was housed at (22) Defendant Mr. Martinez
has visited said unit N house and knows it to be

Unaccessible for 10 or more wheelchair bound detainees at a Time.⁽²³⁾ Defendants were made aware of all unaccessible problems by The Plaintiff concerning accessibility.⁽²⁴⁾ Defendant Dr. Manilla knows about the unaccessibility of The Visiting room and Shower's in Cermak hospital.

(25) Each of the Defendants Named here in This complaint has personal knowledge of the allegations occurring with their knowledge and or with there consent.⁽²⁶⁾ Dr. Manilla has personal knowledge of the Showers and Visiting room not being handicap Accessible.

(27) Each and all Defendants at The Cook County Jail has had personal knowledge of Wheelchair bound Detainees Said Living units ~~that~~ was not wheelchair accessible, The denial of work assignments, Programs and or activities for the Plaintiff, The unaccessible Toilets in Div 2 Dorm 2 N-house, the ~~un~~accessible Tables that 10 or more wheelchair bound detainees has to eat at, and The unaccessible Visiting room in Cermak and Div 2. (28) each of the Defendants acted while under color of Law, (29) each of The Defendants knew of and Disregarded The Plaintiff Series medical needs.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

To find each Defendants in violation of The Americans with Disabilities Act, and The Rehabilitation Act. Award Plaintiff \$ 500,000 in Compensatory Damages. and \$ 200,000 in Punitive Damages grant Adequate attorney fees. Grant a Declaratory injunction from housing Wheel-Chair bound Detainees in unaccessible units

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11 day of 26, 20 12

Keycie Street
(Signature of plaintiff or plaintiffs)

Keycie Street
(Print name)

2012-0423098
(I.D. Number)

2600 South California Ave
Chicago, Illinois 60608

(Address)

AFFIDAVIT

I Keycie Street being first duly sworn or oath deposed
and say.

WITNESSES

1. Thomas Clemmons 20120923193
2. John Dilip 20110604180
3. Derrick McHarrison 20111203154
4. Andre Jackson 20120905206-~~ParapaleGic~~
5. Kenneth Butusov 20120602140-ParapaleGic
6. Andrew Ruiz 20100618183-ParapaleGic
7. Michael Powe 20120118201 PARAPALEGIC
8. Rufus mister 20110921B1 PARAPALEGIC
9. Ray Price 201201208140 parapalegic
20121208140

THE ABOVE NAMED WITNESSES, if called to testify would
verily state that the contents of complaint are accurate,
true and they to have suffered due to the defendant's
failure to safe-guard.

Under penalties of perjury as provided by law
pursuant to section 1-109 of the Illinois Code
of Civil Procedure, the undersigned certifies that the statement
set forth in this instrument are true and correct, except
as to matters therein stated to be on information
and belief and as to such matters the undersigned certifies
as aforesaid that she/he ~~said~~ verily believes the same to
be true.

Dated 12-23-2012

Keycie Street
AFFIANT

Mr. Keycie Street,

PLAINTIFF

vs

Mr. Tom Dart, et al.

DEFENDANT

CASE NUMBER

File Stamp Here

NOTICE OF MOTION

TO: Name Clerk of The Courts U.S. District Court HouseAddress 219 South Dearborn StreetCity, State, Zip Chicago, Illinois 60604

YOU ARE HEREBY NOTIFIED that on _____, I shall appear before Judge _____
 or any other judge as may be holding court in his/her absence, at _____ in room _____ located at:

Other _____

and then and there to present:

Complaint FormKeycie Street

Signature

PROOF OF SERVICE

On 11-26-2012 I, Mr. Keycie Street, on oath state that I served this notice by delivering a copy personally to each person to whom it is directed. I served this notice by mailing a copy to each person to whom it is directed and depositing the same in the U. S. Mail at 2600 South California Ave Chicago, Illinois, with the proper postage prepaid.Keycie Street

Signature

Name: _____ Pro se

Signed and sworn to before me

Attorney Number: _____

Date _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Circuit Clerk or Notary Public